



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/08/93

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986646313

FACILITY NAME -> ASBURY PARK PRESS INC

MAILING ADDRESS -> 3601 HWY 66
NEPTUNE, NJ 07754-1550

INSTALLATION ADDRESS -> 235 WILLOW BROOK RD
FREEHOLD TWP, NJ 07728

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: COOPERHOUSE, TEREL
SAFETY MGR
ASBURY PARK PRESS INC
3601 HWY 66
NEPTUNE, NJ 07754-1550

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Reg. # 9355 340 789

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

022593 (80)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

N J D 9 8 6 6 4 6 3 1 3

II. Name of Installation (Include company and specific site name)

A S B U R Y P A R K P R E S S I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 3 5 W I L L O W B R O O K R O A D

Street (continued)

City or Town

F R E E H O L D T O W N S H I P

State

ZIP Code

N J 0 7 7 2 8 -

County Code

County Name

M O N M O U T H

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3 6 0 1 H I G H W A Y 6 6

City or Town

N E P T U N E

State

ZIP Code

N J 0 7 7 5 4 - 1 5 5 0

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

C O O P E R H O U S E

T E R E L

Job Title

Phone Number (area code and number)

S A F E T Y M A N A G E R

9 0 8 - 9 2 2 - 6 0 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A S B U R Y P A R K P R E S S I N C

Street, P.O. Box, or Route Number

3 6 0 1 H I G H W A Y 6 6

City or Town

State

ZIP Code

N E P T U N E

N J 0 7 7 5 4 - 1 5 5 0

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

9 0 8 - 9 2 2 - 6 0 0 0

☐☐

Yes

No

Month

Day

Year

1D - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Referral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)																													
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)																										
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))																													
<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>F</td> <td>0</td> <td>0</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				1	2	3	4	5	6	F	0	0	1			7	8	9	10	11	12								
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F	0	0	1																										
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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)																													
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C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)																													
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Terrel J. Cooperhouse

Name and Official Title (type or print)

Terrel J. Cooperhouse
Safety Manager

Date Signed

2-18-93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

copies: White - Manifest Section
Yellow - USEPA Region II
Pink - Applicant